

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6532 62-025373  
STATE FILE NUMBER

318 1003

Registration District No. Primary Registration District No. Registrar's No.

FILED JUL 6 1962

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE b. COUNTY   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN   |   | Length of stay in lb  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |   | d. STREET ADDRESS   |   |
| 3. NAME OF DECEASED<br>(Type or print)   |   | 4. DATE OF DEATH  |   |
| 5. SEX   |   | 6. COLOR OR RACE  |   |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH  |   |
| 9. AGE (last birthday)   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |   |
| 11. BIRTHPLACE (City and state or country)   |   | 12. CITIZEN OF WHAT COUNTRY   |   |
| 13a. FATHER'S NAME   |   | 13b. MOTHER'S MAIDEN NAME   |   |
| 14. NAME OF HUSBAND OR WIFE  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |   |
| 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)  |   | INTERVAL BETWEEN ONSET AND DEATH  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |   | DUE TO (b)  |   |
| DUE TO (c)   |   | DUE TO (d)  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                        |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  | Month, Day, Year  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from to and last saw her alive on  |   | Death occurred at   |   |
| 22a. SIGNATURE (Degree or title)   |   | 22b. ADDRESS  |   |
| 22c. DATE SIGNED   |   |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR ADDRESS   | 25. DATE RECD. BY LOCAL REG.  | 26. REGISTRAR'S SIGNATURE   |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

4213-38  
1  
3  
4 1  
5 2  
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7 0  
8 2  
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11  
12 74-0  
13  
74

Dr. Eugene Dmytryk  
University Club Bldg.  
Je 3-0020  
Hrs. 2:30-3:30 Mon. or Tues.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Albert R. Thompson*

Licensed Embalmer No.

*4237*

P. O. Address

*H. Jones*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.